



DEPARTMENT OF DEVELOPMENT SERVICES  
4701 West Russell Road, Las Vegas, NV 89118 \* (702) 455-3000

# COMMERCIAL POOL/SPA PERMIT APPLICATION

ASSESSOR PARCEL NO:		APPLICATION NO.:
JOB SITE ADDRESS:		
PROJECT NAME:		
CONTACT NAME:	PHONE:	SETUP BY:
CONTACT ADDRESS:		
OWNER NAME:	PHONE:	
DESCRIPTION OF WORK:		HEALTH DISTRICT APPROVAL STAMP ON PLANS: <input type="checkbox"/> YES <input type="checkbox"/> NO  PLANS SUBMITTED WITH APPLICATION: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> STANDARD  STEEL/STRUCTURAL CALCULATIONS SUBMITTED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> STANDARD
Manufactured (insert pool) YES <input type="checkbox"/> NO <input type="checkbox"/>		

## CONTRACTOR'S DECLARATION

I hereby certify that I am licensed under the provisions of N.R.S. 624.

CONTRACTOR INFORMATION	ST. LIC. NO:	CLASS:	CC BUS. LIC. NO:
	CONTRACTOR NAME:		
	MAILING ADDRESS:		PHONE:
	CITY:	STATE:	ZIP:
	CONTRACTOR SIGNATURE:		DATE:

APPLICANT

SQUARE FOOTAGE

DESCRIPTION

DECKING

POOL/SPA AREA

Total Construction Valuation of Pool/Spa

Zoning Review By: _____ Date: _____ Bldg Plan Review By: _____ Date: _____	Issued By: _____ Date: _____  <input type="checkbox"/> Cash <input type="checkbox"/> Check No: _____	PERMIT FEES	
		Total Permit Fee: \$ _____ Bldg Plan Review Fee: \$ _____ Zoning Plan Review Fee: \$ _____ TOTAL FEE: \$ _____	